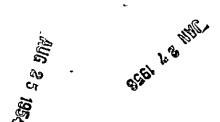
. 300		STANDARD CERTII	FICATE OF DEATH	State File No	13279	
	FILED APR 29 1953	REG. DIST. NO. 34	PRIMARY REG. DIST. NO. 5			
00	1. PLACE OF DEATH	<i>-</i>	2. USUAL RESIDENCE a. STATE	(Where deceased lived. If ion	admission: residence before admission).	
,	D. CITY (If odtedde corporate limite, or OR TOWN	rrite RURAL and give c. LENGTH OF STAY (in this place		. / / . /	(a) 0/00	
RECORD	d. FULL NAME OF (If not in bospit HOSPITAL OR INSTITUTION	al or institution, give street address or location)	d. STREET ADDRESS 45	al, give location)    3 77 0   17	F.D.	
	3. NAME OF a. (First) DECEASED (Type or Print)	b. (Middle)	c. (Last)	4. DATE (Month) OF DEATH AP	(Day) (Year)	
PERMANENT	5, SEX / 6. COLOR OR F	ACE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9, AGE (In years of thouse last birthday) Months		
SRM'A	10a. USUAL OCCUPATION (Give kind of doperaturing must of working life, even if re		'		12. CITIZEN OF WHAT	
A PI	13a. FATHER'S NAME	13b, MOTHER'S MAIDE	N NAME 14. N	AME OF HUSBAND OR WIF	U.S./+-	
MAKE	15. WAS DECEASED EVER IN U.S. AR (Yes. no. of unknown) (If yes, sive war of		7. INFORMANT'S SIG	NATURE OR NAME	ADDRESS	
	18. CAUSE OF DEATH Enter only one cause per   I. DISEASE	INTERVAL BETWEEN ONSET AND DEATH				
X INK	ime for (a), (b), and (c)	OR CONDITION LEADING TO DEATH*(a)  THE CAUSES	Harau	<u>3</u>	10. Mrs	
BLACK	the mode of dying, such Morbid con as heart fallure, asthenia, fise to the	ditions, if any, giving DUE TO (b) bove cause (a) stating ing cause last.	·			
		DUE TO (c)	ithelio ma on	Juse	2 7/10	
UNFADING	related to th	contributing to the death but not e disease or condition causing death.  R FINDINGS OF OPERATION	egi e garan	, 4222H	20. AUTOPSY?	
	Zia. ACCIDENT (Specify)	21b. PLACE OF INJURY (e.g., in or about	21c. (CITY, TOWN, OR TOWNS	<del></del>	YES NO (STATE)	
USING	SUICIDE HOMICIDE WYLE  21d. TIME (Month) (Day) (Ye	home, farm, factory, street, office bldg., etc.)  ar) (Hour)   21e, INJURY OCCURRED	21f. HOW DID INJURY OCCUR	7	· · · · · · · · · · · · · · · · · · ·	
	OF INJURY	work NOT WHILE	105-2 to apr-2	<u>4</u> , 19 <u>63</u> , that I las	t easy the desegred	
PLAINLY		1963, and that death occurred at		es and on the date state		
	23a. SIGNATURE	Suggett M. E	H. Calumi	Ha Mo  CATION (City, town, or count	4-25-53	
WRITE	24a. BURIAL, CREMA- TION, REMOVAL (Specify)	6-1953 Johnson	Cent 175	hland RFD	7770	
	H-26-53 REGISTR	meldred Burnett	Was e. T.	Burnet f	Eshlaulm	
	=	(Licensed Embalmer's	Statement on Reverse Side)			



STATEMENT	BY	LICENSED	<b>EMBALMER</b>

I hereby certify that the body whose name is recorded	d on the reverse side of this certificate was embalmed by me, or by	
	, Student Embalmer No	4-4
working under my personal supervision.	sind 1/10 P. Burnett	
<b>*</b> -	si ill V (a) il mani 11	

Licensed Embalmer No.

P. O. Address P.

Student Embalmer

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.